

**DRILLING COMPLETION REPORT**

Document Number:  
401435953

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 19160 Contact Name: Jennifer Dixon  
 Name of Operator: CONOCO PHILLIPS COMPANY Phone: (832) 486-3345  
 Address: P O BOX 2197 Fax: \_\_\_\_\_  
 City: HOUSTON State: TX Zip: 77252-

API Number 05-005-07296-00 County: ARAPAHOE  
 Well Name: State Bierstadt 4-65 35-34 Well Number: 1CH  
 Location: QtrQtr: NENE Section: 35 Township: 4s Range: 65w Meridian: 6  
 Footage at surface: Distance: 1251 feet Direction: FNL Distance: 610 feet Direction: FEL  
 As Drilled Latitude: 39.663886 As Drilled Longitude: -104.624450

GPS Data:  
 Date of Measurement: 09/01/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dallas Nielsen

\*\* If directional footage at Top of Prod. Zone Dist.: 1283 feet. Direction: FNL Dist.: 991 feet. Direction: FEL  
 Sec: 35 Twp: 4S Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 1344 feet. Direction: FNL Dist.: 1174 feet. Direction: FWL  
 Sec: 34 Twp: 4S Rng: 65W

Field Name: WILDCAT Field Number: 99999  
 Federal, Indian or State Lease Number: 1960.12

Spud Date: (when the 1st bit hit the dirt) 08/09/2017 Date TD: 08/16/2017 Date Casing Set or D&A: 08/17/2017  
 Rig Release Date: 08/26/2017 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 16728 TVD\*\* 8017 Plug Back Total Depth MD 585 TVD\*\* 585  
 Elevations GR 5872 KB 5898 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
MUD, MWD, GR

**CASING, LINER AND CEMENT**

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR   | 24           | 16             | 65    | 0             | 126           | 50        | 0       | 126     | VISU   |
| SURF        | 12+1/4       | 9+5/8          | 36    | 0             | 2,305         | 603       | 0       | 2,315   | VISU   |
| 1ST         | 8+1/2        | 5+1/2          | 23    | 0             | 16,713        | 2,185     | 585     | 16,713  | CALC   |

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies |       | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
|                | Top            | Bottom | DST              | Cored |   |
| FOX HILLS      | 1,845          | 2,070  | NO               | NO    |   |
| PIERRE         | 2,070          | 7,927  | NO               | NO    |   |
| NIOBRARA       | 7,927          |        |                  |       |   |

Comment:

\* After completion of well, form 5A will be submitted with actual TPZ footages. TPZ footages provided are estimated based on the kick out point of the wellbore

\* CBL will be submitted with from 5A

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Jennifer Dixon

Title: Regulatory Coordinator

Date: \_\_\_\_\_

Email: jennifer.a.dixon@cop.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 401436018                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 401436009                   | LAS-MWD/LWD           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401436010                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401436012                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401436014                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401436032                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401436033                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                | Stamp Upon Approval |

Total: 0 comment(s)